GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:113
ANSWERED ON:29.11.2006
NATIONAL RURAL HEALTH MISSION
Lagadapati Shri Rajagopal;Singh Shri Chandra Bhushan

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Union Government has tied up with private bodies to assess the success of the National Rural Health Mission (NRHM);

(b) if so, the details thereof;

(c) whether any survey has been carried out in the States in this regard;

(d) if so, the results of the survey;

(e) the details of bodies that are supervising/assessing the success of NRHM in the States, particularly Andhra Pradesh; and

(f) the number of ASHAs appointed in this regard?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(f): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 113 FOR 29TH NOVEMBER, 2006

(a)to(d): National Rural Health Mission (NRHM) envisages an accountability framework through a three pronged process of community based monitoring, external studies and stringent internal monitoring. One of the potent mechanism of monitoring the progress of the initiatives is evaluation through reputed independent agencies. The various initiatives under the Mission are accordingly being allocated to the appropriate agencies for concurrent evaluation. The following actions have already been taken in this regard :

1. Independent evaluation of Immunisation initiative was entrusted to UNICEF and preliminary reports have been received. These indicate All India coverage of BCG vaccination at 83%, DPT3 at 67%, OPV3 at 61.3 % and Measles at 68.1 %.

2. The Institute of Public Auditors of India (IPAI) New Delhi has been assigned the responsibility of review of financial systems at all levels in health sector. This pilot study has been allocated for one district each of the five states of Uttar Pradesh, Bihar, Assam, Kerala and Tamil Nadu.

3. The UNFPA has been allocated the task of rapid evaluation of ASHA initiative and JSY in three states of MP, Rajasthan and Orissa.

4. The Empowered Programme Committee (EPC) of NRHM has approved a proposal for comprehensive, independent evaluation of the Mission activities through selected reputed institutions.

5. The Government also under takes regular District Level Household Surveys (which generates District level data with focus on utilisation of Public Health services and user satisfaction). Besides, the National Family Health Survey is also conducted in a sample of households throughout the country every five years. It provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, and other related services. The Sample Registration Survey (SRS) which is conducted by the Registrar General of India would also give important insight into the effectiveness of various strategies under NRHM.

(e) The monitoring of NRHM activities in states is done under overall supervision of State Health Mission and the Integrated State Health Society. The State Health Mission is headed by the Chief Minister. The Governing Body of the State health Society, headed by the Chief Secretary/Development Commissioner and the Executive Committee of the society headed by the Principle Secretary /Secretary (H & FW) are the highest decision making authorities at the state level for supervising and assessing progress under the Mission. At the District level, this task is done by the District health Mission which is headed by Chairman Zila Parishad. The District Magistrate heads the Governing body of District Health Society and CEO, Zilla Parishad heads the Executive Committee. These bodies are highest decision making authorities for supervising and assessing progress of NRHM at the district level. At the level of respective health facility, supervision and assessing success of NR HM initiatives rests with Rogi Kalyan Samitis (RKS) of the respective facility. These Samitis have representation of elected representatives and ensure control of the community over health

infrastructure.

In Andhra Pradesh, State and District Health Missions have already been constituted and operationalised. Over 1062 Rogi Kalyan Samitis have also been constituted at various levels in Andhra Pradesh for supervision of the NRHM initiatives in the facilities. The independent evaluation of Immunisation in the state by UNICEF has reported 97 % coverage for BCG, 85% coverage for DPT3, 83.4% coverage for OPV3 and 82.7% coverage for Measles. This evaluation has reported 72.3 % coverage of Full Immunisation of children in the state. The coverage of Pulse Polio initiative has been reported at 96.3%.

(f): ASHA is envisaged to be a trained, voluntary, community link worker who would reinforce community action for universal immunization, safe delivery, newborn care, prevention of water-borne and other communicable diseases, nutrition and sanitation etc. Selection of ASHA is envisaged in 18 High Focus states and in tribal areas of other states. As on date, 2.39 lakh ASHAs have been reported as selected by various states out of which 1.18 lakh have also received first module training. States like Andhra Pradesh, Haryana and Chhattisgarh have selected and trained Health Link Workers similar to ASHA as part of the Reproductive and Child Health Programme (II).